

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10600 297

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		/				
3		/				
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TOTAL IND.	4					
TOTAL DEP.	35					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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